SUBMIT

Sponsorship Number _____

APPENDIX III

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
HEALTH OCCUPATIONS CREDENTIALING

Course Information Sheet

Course Type (Select then press Tab to continue):

Course Delivery Type (Select then press Tab to continue):

**Students must pass an 8th grade reading level comprehension test before enrolling in these courses.

Primary Instructor Name: _____

Current Address: _____
Street City State Zip

Current Phone Number: _____ E-Mail address: _____

Instructor ID# _____ KS RN Licensure Expiration Date _____

Sponsor Name:_____ Facility/School ID # _____

Address: _____
Street City State Zip

Current Phone Number: _____ E-Mail address: _____

Classroom: _____

Address: _____
Street City State Zip

Clinical: _____ Facility ID # _____

Address: _____
Street City State Zip

Course Begins _____ Course Ends _____

Class Days & Times _____

I hereby attest that the information supplied above is accurate and complete. I have verified that the clinical facility does not have a ban on training and that the instructor is approved for the type of course and has a currentlicense.

_____ _____
Coordinator Signature Date

_____ _____
Instructor Signature Date

DEPARTMENT USE ONLY

Clinical Site Approved Yes No _____/_____/_____ Course Approval Number_____

Please list additional instructors, classroom and clinical sites here.

▪**Instructor Name** _____ Instructor's ID# ____ ____ ____ ____ ____ ____

▪KS RN License # _____ KS RN Licensure Expiration Date _____

▪Current Address:_____
Street City Zip

Current Phone # _____ E-Mail Address: _____

Instructor Name _____ Instructor's ID# ____ ____ ____ ____ ____ ____

▪KS RN License # _____ KS RN Licensure Expiration Date _____

▪Current Address:_____^^^^^^^_____
Street City Zip

▪Current Phone # _____ E-Mail Address: _____

▪**Instructor Name** _____ Instructor's ID# ____ ____ ____ ____ ____ ____

▪Current Address:_____^^^^^^^_____
Street City Zip

▪KS RN License # _____ KS RN Licensure Expiration Date _____

▪Current Phone # _____ E-Mail Address: _____

▪**Classroom Site** _____ ▪KS Facility ID# _____

▪Address _____
Street and/or PO Box City State Zip

▪**Classroom Site** _____ ▪KS Facility ID# _____

▪Address _____
Street and/or PO Box City State Zip

▪**Classroom Site** _____ ▪KS Facility ID# _____

▪Address _____
Street and/or PO Box City State Zip

▪**Clinical Site** _____ ▪KS Facility ID# _____

▪Address _____
Street and/or PO Box City State Zip

Clinical Site _____ ▪KS Facility ID# _____

▪Address _____
Street and/or PO Box City State Zip

Clinical Site _____ ▪KS Facility ID# _____

▪Address _____
Street and/or PO Box City State Zip

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